INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department SUBMIT: COMPLETED APP Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 Date State (Received)

NAY 0 7 7015 OMMO LELEO APPLICATION FOR PERMIT Bayfield Co. Zoning Dept. MAY 072015 THERED Date: Permit #: Refund: Amount Paid:

Section 37 , Township 5) N, Range 07 W Town of:	1/4, 1/4   Gov't Lot   Lot(s)   CSM   Vol & Page   Lot(s) No.   Block(s) No.   Subdivision:   C5/t2/t6   C5/t2	PROJECT Legal Description: (Use Tax Statement) 04-014-2-51-37-27-4 00-17-1400 Volume 1034	(Person Signing Application on behalf of Owner(s))  Agent Phone:  Agent Mailing Address (include &ty/5t	715-292-1266 Blakeman Jumbing (MATT)	Address of Property:  89040 Back Point Rd Herbeter WI 54844	Roser & Massacon Likus Avenue N Hugo / MN/55038		CANITARY TORWY TO CONDITIONAL LISE TO SPECIAL USE	were the second control and december with the second secon
Lot Size	002	Recorded Document: (i.e. Property Ownership)  Volume 1034 Page(s) 86	ate/Zip): Written Authorization Attached Pes No		0128106416	Cell Phone:	8	AL USE B.O.A. DOTHER	

100,000		<b>,</b>	1160	Value at Time of Completion * include donated time &	X Non-Shoreland	☐ Shoreland —▶	
Relocate (existing bldg)	☐ Conversion	ž	X New Construction	Project		☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent)  Creek or Landward side of Floodplain?  If yescontinue —▶
Basement	X 2-Story	□ 1-Story + Loft	1-Story	# of Stories and/or basement		1000 feet of Lake, Pond	300 feet of River, Stream
		💢 Year Round	Seasonal	Use		Pond or Flowage If yescontinue	Stream (incl. Intermittent)  If yescontinue
	3	X2	<b> </b>	# of bedrooms	-	Distance Struct	Distance Struct
Privy (Pit) or Vaulted (min 200 gallon)	Sanitary (Exists) Specify Type / 1000L	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System is on the property?		Distance Structure is from Shoreline :	Distance Structure is from Shoreline :feet
ulted (min 200 gallon)	cify Type / MOUNE	ify Type:	The state of the s	pe of ry System operty?		Yes	in in
		Xwell	City	Water		□ No	Are Wetlands Present?

Run a Business on	X No Basement	□ None	☐ Portable (w/service contract)	
Property	☐ Foundation		☐ Compost Toilet	
			□ None	
Cyteting Ctructure: (if permit heing applied for it relevant to it)	or is relevant to it	Length:		Height:
Pronosed Construction:		Length: 4/-5 14"	Width: 20'-0"	Height: 27 - 0
of payoficine and payoficer on the constraint of				

Proposed Use	٠	Proposed Structure	Dimensions	5 Footage
		Principal Structure (first structure on property)	×	_
1		Residence (i.e. cabin, hunting shack, etc.)	82 × 58	0) /232
	4	with Loft	×	
Residential Use	4	with a Porch	20 × 6	120
_		with (2 <sup>nd</sup> ) Porch	×	)
1		with a Deck	×	)
		with (2 <sup>nd</sup> ) Deck	×	)
☐ Commercial Use		with Attached Garage	×	-
		<b>Bunkhouse</b> w/ ( $\square$ sanitary, or $\square$ sleeping quarters, or $\square$ cooking & food prep facilities)	×	)
<del></del> r		Nobile Home (manufactured date)	×	
· ·		Addition/Alteration (specify)	×	,
☐ Municipal Use		Accessory Building (specify)	×	
		Accessory Building Addition/Alteration (specify)	×	
Rec'd for Issuance				
		Special Use: (explain)	×	
2		Conditional Use: (explain)	×	
		Other: (explain)	×	}

| (we) declare that this application (includent) am (are) responsible for the detail and a may be a result of Bayfield County relyiman been described propertial sourcessorial above described propertial sourcessorial above described propertial sourcessorial actions. Owner(s): (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES anying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. The providing a match at it will be relied upon by Bayfield County in determining whether to issue a permit. I (we stand to I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county or purpose of inspection. Date wledge that I (we) ept liability which ave access to the

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must acc company this application)

Address to send permit

503

FARN

Date

If you recently purchased the pr Attach
Copy of Tax Statement
roperty send your Recorded Deed

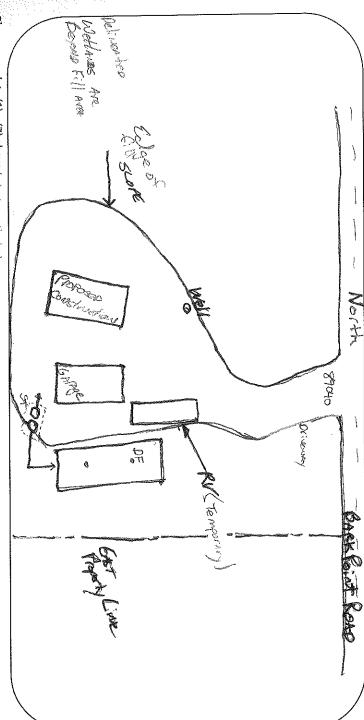
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8/18

- Show Location of:
  Show / Indicate:
  Show Location of (\*):
- Show:
- (1) (2) (3) (4) (5) (6) Show any (\*): Show any (\*):
- Proposed Construction
  North (N) on Plot Plan
  (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
  All Existing Structures on your Property
  (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
  (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
  (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

8 Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

	Setback to Privy (Portable, Composting)  **Prescription**  **Presc	Feet	40	Setback to <b>Privy</b> (Portable, Composting)
		Feet	30	Setback to <b>Drain Field</b>
US' Feet	Setback to Well	Feet	o, Bi	Setback to Septic Tank or Holding Tank
Feet	Elevation of <b>Floodplain</b>	Feet	> 100	Setback from the East Lot Line
⊠Yes	20% Slope Area on property Cage of 1:11	Feet	8	Setback from the West Lot Line
40 Feet	Setback from Wetland	Feet	かん	Setback from the South Lot Line
		Feet	> 1×	Setback from the <b>North</b> Lot Line
Feet	Setback from the Bank or Bluff			
NA Feet	Setback from the River, Stream, Creek	Feet	> 76	Setback from the Established Right-of-Way
MA Feet	Setback from the Lake (ordinary high-water mark)	Feet	> 75	Setback from the Centerline of Platted Road
Measurement	Description	nent	Measurement	Description

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

Prior to the placement of construction of a structure within ten (10) feet of the minimum requestion of the previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Hold For Sanitary: 17 Hold For TBA:	Signature of inspector:	CA CA	Date of Inspection:	Inspection Record: 5th Staked,	Was Parcel Legally Created X yes □ No Was Proposed Building Site Delineated X yes □ No	Granted by Variance (B.O.A.)  (I Yes U No Case #:	Is Parcel a Sub-Standard Lot	Permit #: 1/S-0/148 Perm	Permit Denied (Date): Reas	Issuance Information (County Use Only) Sanit
Hold For Affidavit:		TYES No-(If No they need to be att	Inspected by Con Bone - Muzal		Were Property Li	Previously Granted	(s)) Mitigation Required Yes Mitigation Attached Yes	Permit Date: <b>540-15</b>	Reason for Denial:	Sanitary Number: 10 -755
Hold For Fees:		t 12365	1		Were Property Lines Represented by Owner Was Property Surveyed	Previously Granted by Variance (B.O.A.) ☐ Yes ☐ No Case #:	N/NO			# of bedrooms: 3
	Date of Approval:	my Require	Date of Re-Inspection:	Zoning District (RR) Lakes Classification (NA)	Xyes □ No		Affidavit Required Yes No Affidavit Attached Yes			Sanitary Date: 7 2(-()